

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-032727

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318
FILED AUG 22 1962

Primary Registration District No. 1003

Registrar's No.

7730

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST LOUIS MO		c. CITY OR TOWN ST LOUIS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CITY HOSPITAL #1		d. STREET ADDRESS (If outside, give location) 2418 ELLIOTT	
3. NAME OF DECEASED (Type or print) First Middle Last ROSE MOTSCH		4. DATE OF DEATH Month 8 Day 4 Year 62	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-11-1881
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		9. AGE (last birthday) 81	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) unknown 9 U.S.A	
13a. FATHER'S NAME GEANN MOTSCH		13b. MOTHER'S MAIDEN NAME TERESA MOTSCH	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		17. INFORMANT 4 PEARLINE JONE 2418 Elliott	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterio Sclerotic heart Disease; DUE TO (b) Generalized Arterio Sclerosis. Fracture of right femur, suffered in fall at home on June 13, 1962. DUE TO (c) accident PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) accident PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH 904.0-21	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) see above	
20c. TIME OF INJURY Hour a.m. 1 p.m. 6-13-62	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20 Home		20f. CITY, TOWN, OR LOCATION ST LOUIS, MO	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deputy Registrar) Paul Simon		22b. ADDRESS 300 Clark	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 8/8/62	
23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) St Louis	
24. FUNERAL DIRECTOR Thomas Jackson		25. DATE RECD. BY LOCAL REG. AUG 8 1962	
26. REGISTRAR'S SIGNATURE Earl Smith, M.D.		22c. DATE SIGNED 8/8/62	

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Leroy W. Sammis Jr.

Licensed Embalmer No. 4523

P. O. Address 4251 Washington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.